FORM 2* Disclosure of Owners and Other Key Persons

Part I: Owners and Other Key Persons							-
List (A.) all persons and/or entities with a members/managers, (C.) all persons wit operations or licensed facility whether the financial interest whether they have own partnership, LLC, etc.) has interest, list a the entity, and their effective ownership Attach a separate sheet if necessary.	th managing or ley have owner lership interest all persons ass	operation rship inter or not (co ociated w	nal cont rest or r ollective ith such	rol with re not, and (E ely, "Key P n entity, th	spect to).) all oth ersons" eir owne	the cuner per). If an	ultivator license, rsons with any entity (corporation, or other interest in
A. LIST ALL PERSONS WITH ANY OW stockholders; LLC members; and par LIST ALL PERSONS WITH ANY OWN	tners if a part	nership)	IF AN	Y SUCH F	ERSON	uding N IS Al	corporation NOTHER ENTITY,
Francesco Alfieri	Pics	ident	SSN/F	EIN	DOB	,	App submitted? ⊟Yes □No
Address (residence if an individual)	City	Sta	te Z	OD 865	Phone	e Numbe	er
Business Associated with (Applicant, parent busines Verde	s or sub-entity)	Own. %	Business	Associated	with	Effect	ive Own, % in Applicant
Name	Title		SSN/F	EIN	DOB		App submitted? ☐Yes ☐No
Address (residence if an individual)	City	Sta	te Z	IP .	Phone (Numbe	er
Business Associated with (Applicant, parent business	s or sub-entity)	Own. %	Business	Associated	with	Effecti	ve Own. % in Applicant
Name	Title		SSN/FI	EIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	Sta	te Z	IP	Phone (Numbe	er .
Business Associated with (Applicant, parent business	s or sub-entity)	Own. % I	Business	Associated v	with	Effecti	ve Own, % in Applicant
Name	Title		SSN/FI	EIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	Stat	e Z	IP	Phone (Numbe	r
Business Associated with (Applicant, parent business	or sub-entity)	Own. % E	Business	Associated v	vith	Effecti	ve Own. % in Applicant
Name	Title		SSN/FE	EIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	Stat	e Zi	Р	Phone (Numbe	r
Business Associated with (Applicant, parent business	or sub-entity)	Own, % E	usiness /	Associated v	vith	Effectiv	ve Own. % in Applicant

Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	Stat	e ZIP	Phone N	Number
Business Associated with (Applicant, parent business	or sub-entity)	Own. % E	Business Associate	ed with	Effective Own, % in Applican
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	Stat	e ZIP	Phone N	lumber
Business Associated with (Applicant, parent business	or sub-entity)	Own. % E	Business Associate	d with	Effective Own. % in Applican
B. LIST ALL DIRECTORS, OFFICERS, AI DESCRIBED IN SECTION A	ND MANAGE	RS OF T	HE APPLICAN	T AND AN	Y OTHER ENTITIES
Francesco Alteri	Title Plesi	derd	SSN/FEIN	DOB ,	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	Stat		Phone N	lumber
Business Associated with (Applicant, parent business of Var de Inc		Title (office	er, director, manag		
Name	Title	,,,,	SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	Stat	e ZIP	Phone N	lumber
Business Associated with (Applicant, parent business	or sub-entity)	Title (offic	er, director, manaç	ger, etc.)	
Name	Title	1	SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	z ZIP	Phone Number	
Business Associated with (Applicant, parent business of	or sub-entity)	Title (offic	er, director, manag	ger, etc.)	
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Number	
Business Associated with (Applicant, parent business of	or sub-entity)	Title (offic	er, director, manag	er, etc.)	
Name	Title		SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone N	umber
Business Associated with (Applicant, parent business of	or sub-entity)	Title (office	er, director, manag	er, etc.)	
Name	Title	1	SSN/FEIN	DOB	App submitted?

Address (residence if an individual)	City	State	ZIP	Phone Nu	mber	
Business Associated with (Applicant, parent business	ness or sub-entity)	Title (office	er, director, mana	iger, etc.)		
Name	Title		SSN/FEIN	DOB	App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	State	ZIP	Phone Nu	mber	
Business Associated with (Applicant, parent business	ness or sub-entity)	Title (office	r, director, mana	ger, etc.)		
C. LIST ALL PERSONS (OTHER THAT HAVE MANAGING OR OPERATION ENTITIES DESCRIBED IN SECTION FACILITY (WHETHER THEY HAVE ANOTHER ENTITY, LIST ALL PERSONNE	IAL CONTROL W A, THE CULTIV AN OWNERSHIP	ATOR LIC NITERES OWNERS	ECT TO THE ENSE, OPER T OR NOT);	APPLICANT RATIONS AND IF ANY SUCH	, ANY OTHER D/OR LICENSED PERSON IS	
	THE:		33IV/FII4	UOB	App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	City State ZIP		Phone Nur	umber	
Business Associated with (Applicant, parent busin	ness or sub-entity)	Role, intere	st, etc.			
Name	Title		SSN/FEIN	DOB	App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	State	ZIP	Phone Nur	Phone Number	
Business Associated with (Applicant, parent busin	ness or sub-entity)	Role, intere	st, etc.			
Name	Title	1	SSN/FEIN	DOB	App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	State	ZIP	Phone Nur	one Number	
Business Associated with (Applicant, parent busin	ess or sub-entity)	Role, interest, etc.				
Name	Title	1	SSN/FEIN	DOB	App submitted? ☐Yes ☐No	
Address (residence if an individual)	City	State	ZIP	Phone Nun	Number	
Business Associated with (Applicant, parent busin	ess or sub-entity)	Role, interes	st, etc.			
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No	
Address (residence if an individual)	City	State	ZIP	Phone Nun	nber	
Business Associated with (Applicant, parent busin	ess or sub-entity)	Role, interes	st, etc.			

Name	Title		SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	St	ate ZIP	Phone Na	ımber
Business Associated with (Applicant, parent business	iness or sub-entity)	Role, in	terest, etc.		
Name	Title	-1	SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	St	ate ZIP	Phone Nu	mber
Business Associated with (Applicant, parent busi	ness or sub-entity)	Role, in	terest, etc.		
D. LIST ALL PERSONS (OTHER THAT HAVE ANY FINANCIAL INTEREST DESCRIBED IN SECTION A OR C, FACILITY (WHETHER THEY HAVE ANOTHER ENTITY, LIST ALL PERSONAME	WITH RESPECT THE CULTIVATO AN OWNERSHI	TO THE OR LICEN P INTERE	APPLICANT, ISE, OPERATI EST OR NOT);	ANY OTHER ONS AND/OF IF ANY SUCH	ENTITIES R LICENSED H PERSON IS THAT ENTITY App submitted?
Address (residence if an individual)	City	Sta	nte ZIP	Phone Number	
Business Associated with (Applicant, parent business	ness or sub-entity)	Interest		()	
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	Sta	ite ZIP	Phone Number	
Business Associated with (Applicant, parent business	ness or sub-entity)	Interest			
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	Sta	te ZIP	Phone Number	
Susiness Associated with (Applicant, parent busin	ness or sub-entity)	Interest			
lame	Title		SSN/FEIN	DOB	App submitted? ☐Yes ☐No
ddress (residence if an individual)	City	Sta	te ZIP	Phone Nur	mber
usiness Associated with (Applicant, parent busin	ness or sub-entity)	Interest		1	
lame	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	Sta	te ZIP	Phone Nur	nber

	ness or sub-entity)	Interest				
Name	Title		SS	N/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State ZIP		Phone Nu	mber	
Business Associated with (Applicant, parent busin	ness or sub-entity)	Interest				
Name	Title		SS	N/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	Sta	te	ZIP	Phone Nu	nber
Business Associated with (Applicant, parent busin	ness or sub-entity)	Interest				
partnerships, corporations, limited lia interests, equipment, inventory, furni a security interest therein; or who will	ibility companies, ture, licensing or receive money, p	trusts), wo ther pro rofits, pro	vill lo priet priel	an, give or ary rights to tary rights o	otherwise pro or for use in or other interes	ovide money, prope this business, or he sts from this busines
partnerships, corporations, limited lia interests, equipment, inventory, furni	ibility companies, ture, licensing or receive money, p	trusts), v other pro rofits, pro rson is a	vill lo priet priel	an, give or ary rights to tary rights o	otherwise pro or for use in or other interes persons with	this business, or ho sts from this busines any ownership in
partnerships, corporations, limited lia interests, equipment, inventory, furni a security interest therein; or who will Attach a separate sheet if necessar control of that entity.	ability companies, ture, licensing or receive money, p y. If any such pe	trusts), v other pro rofits, pro rson is a	vill lo priet priel	an, give or ary rights to tary rights o ntity, list all	otherwise pro or for use in or other interes persons with	ovide money, prope this business, or ho sts from this busines
partnerships, corporations, limited lia interests, equipment, inventory, furni a security interest therein; or who will Attach a separate sheet if necessar control of that entity.	ability companies, ture, licensing or receive money, p y. If any such pe	trusts), v other pro rofits, pro rson is a	vill lo priet priel	an, give or ary rights to tary rights o ntity, list all	otherwise pro or for use in or other interes persons with	ovide money, prope this business, or ho sts from this busines any ownership in
partnerships, corporations, limited lia interests, equipment, inventory, furni a security interest therein; or who will Attach a separate sheet if necessar control of that entity.	bility companies, ture, licensing or receive money, p y. If any such pe	trusts), v other pro rofits, pro rson is a	vill lo priet priel	an, give or ary rights to tary rights o ntity, list all	otherwise property of for use in the other interest persons with	ovide money, prope this business, or ho sts from this busines any ownership in